

February, 2020

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100%
of your
gift will
support our
services.

Greetings!

The St. Mary's Medical Center Foundation Golf Committee is happy to offer you an amazing and unforgettable experience in Half Moon Bay.

Our 39th charity tournament is scheduled for September 25, 2020 on the beautiful Half Moon Bay Golf Links. Enjoy overlooking the cliffs of the Pacific Ocean while indulging in the renowned Ritz-Carlton Half Moon Bay.

Please consider joining us for 18 holes of golf while supporting two important St. Mary's Medical Center projects. This year's tournament will benefit the relocation and renovation of the St. Mary's Chapel and the reconfiguration and renovation of the St. Mary's Emergency Department. 100% of every donated dollar will support these two important services.

We promise a very special day of golf while supporting a great cause.

You will:

- Benefit from amazing Platinum, Gold, Silver and Bronze Sponsorship Opportunities
- Enjoy an earlier start time
- Play a scramble format on the ocean bluffs with tasty cuisine and spirits
- Receive a delightful Tee-Gift
- Enjoy a Post Golf Reception, Dinner and Awards
- Prizes, auction, festive course activities, and promotional opportunities


Please pledge a Sponsor level reservation by April 15th. Your advance commitment will guarantee significant Early Bird savings!

For information, please contact Angela Rundles at 925.387.8147 or Markham Miller at 415.750.8158. On behalf of St. Mary's in San Francisco, we thank you for your consideration .

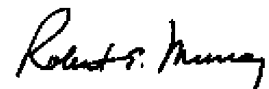
Yours truly,



Lee Hammer
Tournament Co-Chair



Scott Montgomery
Tournament Co-Chair



Robert E. Murray, M.D.
Tournament Co-Chair



IN-KIND DONOR FORM

For day of event recognition, please return this form to
St. Mary's Medical Center Foundation by September 4, 2020

Your Information:

_____		_____	
Donor (As you would like it to appear in the program)		Other names to be included in the listing	
_____		_____	
Name (If different than the donor listing above)		Website Address	
_____		_____	
Mailing address		City	State Zip
_____		_____	
Email	Phone	Fax	

Donated Item (Please print):

Description details of donation

Restrictions/Special Conditions/Expiration Date? Please provide complete details.

\$ _____ DELIVERY: I will deliver (by September 7, 2020.) Please contact me to arrange pickup.

Estimated fair market value CERTIFICATES: I will provide a gift certificate. Please create a gift certificate.

Make a Monetary Donation:

\$ _____

Estimated fair market value

Questions:

Please contact **Markham Miller at 415.750.8158** | stmarysfoundation@dignityhealth.org
St Mary's Medical Center Foundation
450 Stanyan Street, San Francisco, CA 94117
www.supportstmaryssf.org
Fax: 415.750.8132

Thank You for Your Support!

Your donation may be tax deductible. Please consult with your tax advisor.
IRS 501(c)(3) Organization/Federal Tax ID #94-3336143.

Item ID# _____

Note _____

